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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

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CO-INVENTOR'S NAME

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE

3. Further correspondence to be mailed to the following:

Neil A. DuChez
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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Renner, Otto, Boisselle & Sklar
2 _____
3 _____

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1 142 1,170.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Shionogi Seiyaku Kabushiki Kaisha

(2) ADDRESS: (City & State or Country)

Osaka Japan

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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